

APPLICATION DATA SHEET

Inventor Information

Inventor One Given Name::	Louise
Family Name::	EDWARDS
Name Suffix::	
Postal Address Line One::	35 Front Street South
Postal Address Line Two::	Apt. 2008
City::	Mississauga
State or Province::	Ontario
Country::	CANADA
Postal or Zip Code	L5H 2C6
Citizenship Country::	CANADA
Inventor Two Given Name::	Methvin
Family Name::	ISAAC
Name Suffix::	
Postal Address Line One::	10 Markbrook Lane
Postal Address Line Two::	Apt. 1507
City::	Etobicoke
State or Province::	Ontario
Country::	CANADA
Postal or Zip Code	M9V 5E3
Citizenship Country::	ST. KITTS
Inventor Three Given Name::	Shawn
Family Name::	MADDAFORD
Name Suffix::	
Postal Address Line One::	150 Lakeshore Road West
Postal Address Line Two::	Apt. 208
City::	Mississauga
State or Province::	Ontario
Country::	CANADA
Postal or Zip Code	L5H 3R2
Citizenship Country::	CANADA
Inventor Four Given Name::	Abdelmalik
Family Name::	SLASSI
Name Suffix::	
Postal Address Line One::	3237 Cambourne Crescent
Postal Address Line Two::	
City::	Mississauga
State or Province::	Ontario
Country::	CANADA
Postal or Zip Code	L5N 5G4
Citizenship Country::	CANADA

Inventor Five Given Name:: Tao
Family Name:: XIN
Name Suffix::
Postal Address Line One:: 10 Comoq Avenue
Postal Address Line Two::
City:: Woodbridge
State or Province:: Ontario
Country:: CANADA
Postal or Zip Code L4H 2B1
Citizenship Country:: CANADA

Correspondence Information

Correspondence Customer Number:: 6449

Application Information

Title Line One:: HETEROCYCLIC COMPOUNDS FOR THE
Title Line Two:: TREATMENT OF MIGRAINE
Title Line Three::
Total Drawing Sheets::
Formal Drawings?::
Application Type:: UTILITY
Docket Number:: 2931-219

Secrecy Order in Parent Appl?:: NO

Representative Information

Representative Customer Number:: 6449

Continuity Information

This application is a:: Divisional

>Application One:: 09/709,579
Filing Date:: November 13, 2000
Patent Number::

which is a:: Continuation-in-Part

>>Application Two:: 09/354,091
Filing Date:: July 15, 1999
Patent Number::

Assignment Information

Assignee name::	NPS ALLELIX BIOPHARMACEUTICALS, INC.
Street of mailing address::	6850 Goreway Drive
City of mailing address::	Mississauga
State or Province of mailing address::	Ontario
Country of mailing address::	CANADA
Postal or Zip Code of mailing address::	L4V 1V7